

File No. : 102171.012400

Bill Date : August 7, 2009

Suzanne Koenig, as Patient Care Ombudsman SAK Management Services, LLC 4055 W. Peterson Avenue Chicago, Illinois 60646

Attn: Suzanne Koenig President

INVOICE

Re: Medallion Assisted Living Partnership

Legal Services through July 31, 2009:

Total Fees:

1,272.00

Current Invoice:

1,272.00

File No. : 102171.012400

FOR YOUR CONVENIENCE, WIRING INSTRUCTIONS FOR GT FIRM ACCOUNT FOR FEES & COSTS ARE AS FOLLOWS:

TO:

CITIBANK, F.S.B.

ABA #:

266086554

INTERNATIONAL

SWIFT:

CITIUS33

CREDIT TO:

GREENBERG TRAURIG ACCOUNT

ACCOUNT #:

3200175071

PLEASE

REFERENCE:

CLIENT NAME:

SUZANNE KOENIG, AS PATIENT CARE

OMBUDSMAN

FILE NUMBER:

102171.012400

INVOICE NUMBER:

2477023*

BILLING

PROFESSIONAL:

Keith J. Shapiro

Wire fees may be assessed by your bank.

^{*} If paying more than one invoice, please reference all invoice numbers in wiring instructions.

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Description of Professional Services Rendered:

ACTION CODE:

813

FEE/EMPLOYMENT APPLICATIONS

DATE TIMEKEEPER DESCRIPTION HOURS AMOUNT

07/15/09 Ethan F. Ostrow Conferred with Carla McClurg re: receiver fees and filing patient care ombudsman's fee statement (0.2).

Total Hours: 0.20

Total Amount:

\$ 65.00

TIMEKEEPER SUMMARY FOR ACTION CODE 813,

FEE/EMPLOYMENT APPLICATIONS

Timekeeper Name		Hours Billed	Rate	Total \$	Amount
Ethan F. Ostrow		0.20	325.00		65.00
T	otals:	0.20	325.00	\$	65.00

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<u>Description of Professional Services Rendered</u>

ACTION CODE:

824

PREPARATION/REVIEW REPORTS

DATE	<u>TIMEKEEPER</u>	DESCRIPTION	<u>HOURS</u>	<u>AMOUNT</u>
07/13/09	Nancy A. Peterman	Revise report. Revise report.	0.30	213.00
07/14/09	Nancy A. Peterman		1.40	994.00

Total Hours:

1.70

Total Amount:

\$1,207.00

TIMEKEEPER SUMMARY FOR ACTION CODE 824,

PREPARATION/REVIEW REPORTS

Timekeeper Name		Hours Billed	Rate	 Total \$ Amount
Nancy A. Peterman		1.70	710.00	1,207.00
	Totals:	1.70	710.00	\$ 1,207.00

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<u>Description of Professional Services Rendered</u>

TIMEKEEPER ACTIVITY GRAND TOTAL SUMMARY

Timekeeper Name	Hours Billed	Rate	Total \$ Amount
Nancy A. Peterman	1.70	710.00	1,207.00
Ethan F. Ostrow	0.20	325.00	65.00
Totals:	1.90	669.47	\$ 1,272.00

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Re:

Medallion Assisted Living Partnership

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<u>Description of Expenses Billed:</u>

DATE

DESCRIPTION

AMOUNT

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No expenses charged to this file